

# Arizona Health Improvement Plan

## Obesity

Criteria	Health Issue Data/Information
<b>Scope or Magnitude of the Problem</b> <ul style="list-style-type: none"> <li>How many people across Arizona are affected by the health issue?</li> </ul>	<ul style="list-style-type: none"> <li>62% of adults were estimated to be either overweight (36.0%) or obese (26.0%) in 2012 (BRFSS, 2012)</li> <li>23.4% of high school students were either overweight (12.7%) or obese (10.7%) in 2013 (YRBS, 2013)</li> <li>25.7% of Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) children ages 2-5 were overweight (13.3%) or obese (12.4%) (WIC, 2013)</li> </ul>
<b>Severity (Morbidity / Mortality)</b> <ul style="list-style-type: none"> <li>Does the health issue result in death, disability, or ongoing illness?</li> </ul>	<ul style="list-style-type: none"> <li>Leads to morbidity and mortality by increasing risk for stroke, heart disease, certain cancers, diabetes, osteoarthritis, respiratory problems and other chronic conditions</li> <li>The <a href="#">World Health Organization</a> (WHO) estimates that 44% of the diabetes burden, 23% of the ischemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity</li> <li>Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood. Obese children experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects. (WHO)</li> </ul>
<b>Potential to Impact (Winnable Battle)</b> <ul style="list-style-type: none"> <li>What resources (funding, workforce, programs, etc.) are available to address the health issue?</li> <li>Can progress be made on the health issue within five years?</li> <li>Could addressing the health issue also address other problems at the same time?</li> </ul>	<ul style="list-style-type: none"> <li>WIC serves 60% of infants born in Arizona and their families until the last child turns 5; providing breastfeeding support and nutrition education. Decreases in the prevalence of childhood obesity indicate that progress is possible with direct nutrition and breastfeeding education</li> <li>The Arizona Nutrition Network promotes healthy food choices and physical activity among low-income families through education, social marketing, policy, systems, and environmental change strategies</li> <li>The Arizona Department of Education supports health and nutrition programs in schools throughout the state including National School Lunch, School Breakfast Program, and Fresh Fruit and Vegetable Program; expands the number of healthy schools through Coordinated School Health Programs; encourages growth of School Health Advisory Council; and works to increase the number of Farm to School and school gardening programs</li> <li>The Center for Disease Control and Prevention grant funds are aimed at reducing obesity through systems improvement in care, community planning and policy development in schools, and worksites</li> <li>The Empower and Empower Plus Programs promote healthy eating and physical activity in</li> </ul>

	<p>early childcare settings through staff development and health policies</p> <ul style="list-style-type: none"> <li>• U.S. Preventive Services Task Force recommendations for screening and treatment of adult and childhood obesity are reshaping clinical care. Medicare and many health plans are offering preventive wellness screenings, and intensive and multicomponent behavioral interventions for obesity</li> <li>• Addressing obesity impacts both physical and mental health, and will reduce chronic disease development and complications (e.g., diabetes, heart disease, cancer, and arthritis in later years)</li> <li>• Studies show that people who lose 5 to 10% of their starting weight have improvements in their health such lowering of their blood pressure, cholesterol and risk of developing type 2 diabetes</li> <li>• The <a href="#">Healthy Arizona Worksites Program</a> is available statewide to provide free training and support to employers wanting to implement effective worksite wellness programs</li> </ul>
<p><b>Cost-Effectiveness</b></p> <ul style="list-style-type: none"> <li>• What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs?</li> <li>• How much money can be saved by addressing the problem?</li> <li>• Does the money put into a solution reduce costs enough to make the solution worthwhile?</li> <li>• What's the value of addressing the health issue?</li> </ul>	<ul style="list-style-type: none"> <li>• Arizona hospitals billed over \$2 billion in 2010 for inpatient stays in which morbid obesity was the principal diagnosis, and outpatient care including: emergency room visits for injuries, falls, chest pain, sprains and strains, back pain and other spinal or musculoskeletal disorders, in which morbid obesity was listed as their principle diagnosis</li> <li>• Breastfeeding is a cost-effective strategy for reducing obesity, because Breastfed infants are less likely to become obese children</li> <li>• Savings in health care costs range from \$1.77 to \$3.13 within the first 60 days of life for breastfed babies</li> </ul>
<p><b>Quality of Life</b></p> <ul style="list-style-type: none"> <li>• How does the health issue impact daily living activities?</li> <li>• How does it impact usual activities, such as work, self-care, or recreation?</li> </ul>	<ul style="list-style-type: none"> <li>• In 2012, 5.4% of adults in Arizona with normal weight reported that during the last 30 days, poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation all; compared to 8.0% of those who were overweight and 9.2% of those who were obese. 13.1% of those at a normal weight rated their health as either fair or poor, compared to 16.0% of the overweight and 25.2% of the obese. 17.0% of those at normal weight got no physical activity or exercise outside of their regular job, compared to 21.8% of the overweight and 26.9% of the obese</li> </ul>
<p><b>Disparities</b></p> <ul style="list-style-type: none"> <li>• How are groups of people affected differently by the health issue?</li> <li>• Are some groups of people more likely to be affected by the health issue than others? How significant are</li> </ul>	<ul style="list-style-type: none"> <li>• Disparities exist between obesity levels for adults in Arizona by education level: no high school education (32.3%) obese, high school only (26.9%), college or tech school (25.3%), graduated from college or tech school (22.3%). <i>Note: not including racial disparities due to small sample sizes within individual races since sampling method changed – need to accumulate more years of data</i></li> </ul>

<p>the differences?</p> <ul style="list-style-type: none"> <li>Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.</li> </ul>	
<p><b>Evidence-based Models Exist</b></p> <ul style="list-style-type: none"> <li>Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities?</li> </ul>	<ul style="list-style-type: none"> <li>Recommended community strategies and measurements to prevent obesity in the United States, developed through an innovative and collaborative process, can be used to reverse the obesity epidemic by transforming communities into places where the healthy choice is the easy choice. They are: <ul style="list-style-type: none"> <li>Affordable healthy foods options</li> <li>Safe opportunities for physical activity</li> <li>Joint-use agreements for schools and communities</li> <li>Healthy Community and design, and safe routes to schools</li> <li>Behavioral Interventions to reduce screen time</li> <li>Multicomponent Counseling Interventions</li> <li>Worksite Programs</li> <li>Health Communication Campaigns that include mass media and health-related product distribution. [Community Guide]</li> </ul> </li> </ul>
<p><b>Community Readiness / Interest in Solving</b></p> <ul style="list-style-type: none"> <li>What's the degree of public support and/or interest in working on the health issue?</li> <li>Which counties include this issue as a community health priority?</li> </ul>	<ul style="list-style-type: none"> <li>Obesity was identified by the following nine counties as health priority in their community health assessments: <ul style="list-style-type: none"> <li>Apache</li> <li>Cochise</li> <li>Coconino</li> <li>Gila</li> <li>Graham</li> <li>Greenlee</li> <li>Maricopa</li> <li>Navajo</li> <li>Santa Cruz</li> </ul> </li> </ul>
<p><b>Arizona Ranking below the US data</b></p> <ul style="list-style-type: none"> <li>Is Arizona doing better or worse than the U.S.?</li> </ul>	<p>High School Students:</p> <ul style="list-style-type: none"> <li>AZ= 25.7% overall; overweight (12.7%), obese (10.7%)</li> </ul>

<ul style="list-style-type: none"> <li>How much better or worse are we doing compared to the nation?</li> </ul>	<ul style="list-style-type: none"> <li>US= 30.3% overall; overweight (16.6%), obese (13.7%)</li> </ul> <p>Adults:</p> <ul style="list-style-type: none"> <li>AZ= 62% overall; overweight (36%), obese (26%)</li> <li>US States, DC, and Territories = 63.9% overall, overweight (35.8%), obese (28.1%)</li> </ul>
<p><b>Political Feasibility</b></p> <ul style="list-style-type: none"> <li>Is there enough support from elected officials or other policymakers to help move a strategy to implementation?</li> </ul>	<ul style="list-style-type: none"> <li>While there is broad public awareness of the problem of obesity, political feasibility for a given strategy may vary depending on community</li> </ul>
<p><b>Trend Direction</b></p> <ul style="list-style-type: none"> <li>Has the health issue been getting better or worse over time?</li> </ul>	<ul style="list-style-type: none"> <li>Arizona Adults: No significant change from 2011 to 2012. (BRFSS rates before 2011 not comparable, due to changes in CDC sampling procedures)</li> <li>Arizona Youth: After reaching a high of 27.1 in 2009, rate is down to 23.4% of youth being either overweight or obese (YRBS)</li> <li>Arizona Supplemental Nutrition program for Women Infants, and Children (WIC) Children Age 2-5: Overweight and obese is down from 27.2% in 2011 to 25.7% in 2013 (WIC)</li> </ul>

### Resources:

Arizona Hospital Discharge Database

Behavioral Risk Factor Surveillance System (BRFSS)

Breastfeeding:

[http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding\\_r2p.pdf](http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf)

<http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic>

The Guide to Community Preventative Services

Women, Infants, and Children (WIC)

Youth Risk Behavior Survey (YRBS)